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## \*BIBDATASHEET\*

CONFIRMATION NO. 9813

Bib Data Sheet

SERIAL NUMBER 09/782,331	FILING OR 371(c) DATE 02/13/2001 RULE	CLASS 600	GROUP ART UNIT 3742	ATTORNEY DOCKET NO. PKR 2 0655
<b>APPLICANTS</b> William G. Hawkins, Shaker Heights, OH;				
** CONTINUING DATA ***** <i>D CLR No</i>				
** FOREIGN APPLICATIONS ***** <i>D CLR No</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/22/2001				
Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 21
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			INDEPENDENT CLAIMS 3
Verified and Acknowledged	<i>2-20-2006</i>	Examiner's Signature <i>2-20-2006</i>	Initials	
<b>ADDRESS</b> 38107				
<b>TITLE</b> LIMITED-ANGLE FREQUENCY-DISTANCE RESOLUTION RECOVERY IN NUCLEAR MEDICINE IMAGING				
FILING FEE RECEIVED 1510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		